

BOARD OF COMMISSIONERS

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HUMAN SERVICES BOARD

INTERIM DIRECTOR

KEVIN KING



SWAIN COUNTY

HEALTH DEPARTMENT

INTERIM DIRECTOR

ALISON COCHRAN

ADDRESS:

SWAIN COUNTY HEALTH DEPT.
545 CENTER STREET
BRYSON CITY, NC 28713
PHONE: 828.488.3198
FAX: 828.488.8672

Event Organizer Application

By providing the information below, you will assist in identifying and preventing potential public health problems that might occur during your event. **A separate Temporary Food Establishment Permit Application for each food vendor must be received at least 15 calendar days prior to event or application will be denied.** The event coordinator is responsible for submitting all vendor applications to the Swain County Department of Public Health for review. **And this application must be submitted 15 calendar days prior to event.** Be sure to consult with the Fire Marshal, etc. before your event. Please mail applications to the above address.

Please Print

Organizer Name: _____

Mailing Address: _____

Organizer Phone (7:45 am-4:45 pm): _____ Other: _____

Additional Organizer Contact: _____

Name of Event: _____

Event Location: _____

Dates and Times of Event: _____

Date/Time Food Vendors Set-Up: _____

Onsite Coordinator(s) Contact Information: _____

Number of Anticipated Food Booths: _____

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Will the organizer be supplying water to the food booths?

☐ Yes

☐ No

Note: A food grade hose is required for all water connections.

If yes, what is the water source?

☐ Public

☐ Other, explain _____

Liquid waste/grease and garbage disposal method and schedules for pick-up (include business name if service is contracted): _____

Will the organizer be supplying electricity to the food booths?

☐ Yes

☐ No

Number of toilet facilities provided: _____

Type: _____

Will hand washing facilities be provided adjacent to the toilets?

☐ Yes

☐ No

How Many? _____

Use the space below to list ALL FOOD VENDORS that will be participating (Use space on back of paper if needed):

Please attach a map of the event grounds showing the location for each food booth, toilet facilities, water connection, etc.

STATEMENT: I hereby certify that the above information is correct and I fully understand that any deviation from the above without permission from Swain County Environmental Health may nullify the final approval and prevent issuance of permits to participating vendors. I understand that a pre-opening inspection of each food vendor is required and if the food vendor is not in compliance with 15A NCAC 18A . 2635 and a temporary food establishment permit will not be issued. **I understand that if this application is incomplete it will be returned; if I do not correct and return to SCHD at least 15 calendar days prior to event my application will not be considered.**

Print Name

Signature

Date